

<b>CLAIMS ONLY</b>							Application Number <b>09/652591</b>		Filing Date	
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1			/				51			
2				/			52			/
3				/			53			/
4				/			54			/
5				/			55			/
6				/			56			/
7				/			57			/
8				/			58			/
9				/			59			/
10				/			60			/
11				/			61			/
12				/			62			/
13				/			63			/
14				/			64			/
15				/			65			/
16				/			66			/
17				/			67			/
18				/			68			/
19				/			69			/
20				/			70			/
21				/			71			/
22			/				72			/
23				/			73			/
24				/			74			/
25				/			75			/
26				/			76			/
27				/			77			/
28				/			78			/
29				/			79			/
30				/			80			/
31				/			81			/
32				/			82			/
33				/			83			/
34				/			84			/
35				/			85			/
36				/			86			/
37				/			87			/
38				/			88			/
39				/			89			/
40				/			90			/
41				/			91			/
42				/			92			/
43				/			93			/
44				/			94			/
45				/			95			/
46				/			96			/
47				/			97			/
48			/	/			98			/
49				/			99			/
50				/			100			/
Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			